



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH FRANKFORT HOSPITAL

City of Hospital: Frankfort

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-1316

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6255275
Outpatient Patient Service Revenue	\$43527538
Total Gross Patient Service Revenue	\$49782813

2. Deductions From Revenue

Contractual Allowance	\$27489537
Other Deductions	\$-2014937
Total Deductions	\$25474600

3. Total Operating Revenue

Net Patient Service Revenue	\$24308213
Other Operating Revenue	\$238722
Total Operating Revenue	\$24546935

4. Operating Expenses

Salaries and Wages	\$7179639	Employee Benefits	\$1645722
Depreciation and Amortization	\$1344319	Interest Expense	\$192059
Bad Debt	\$2439382	Other Expenses	\$15698095
Total Operating Expenses	\$28499216		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3952281	Total Assets	\$38224601
Net Non-operating Gains over Loss	\$-216118	Total Liabilities	\$38224601

Total Net Gains	\$-4168399
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$23713119	\$12137538	\$11575581
Medicaid	\$9716527	\$5545576	\$4170951
Other Government	\$470711	\$285433	\$185278
Other State	\$0	\$0	\$0
Other Payers	\$15882456	\$9945436	\$5937020
Total	\$49782813	\$27913983	\$21868830

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$5214	\$-5214

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1450133
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$796413	
HCI Payments	\$0		
Subtotal	\$0	\$796413	\$-796413
Medicaid Shortfalls	\$2118282	\$6452055	
Subtotal	\$2118282	\$7248468	\$-5130186
DSH Payments	\$0		
Subtotal	\$2118282	\$7248468	\$-5130186
Medicare Shortfalls	\$8406043	\$8175721	
Other Government Programs	\$0	\$0	
Total	\$10524325	\$15424189	\$-4899864

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$10951064	\$12800227	\$-1849163
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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